

**Mail to:**  
Dennis R. Downs, Director  
Division of Solid and Hazardous Waste  
P.O. Box 144880  
Salt Lake City, Utah 84114-4880

Date Entered: \_\_\_\_\_

## 2005 SOLID WASTE RECYCLING FACILITY ANNUAL REPORT

### Administrative Information Please enter all the information requested below.

Calendar or fiscal year of report: \_\_\_\_\_

If fiscal year, please provide period covered: From \_\_\_\_\_ To \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

Contact's Email Address: \_\_\_\_\_

#### Owner

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Facility Status

☐ Currently in Operation ☐ Closed - Date: \_\_\_\_\_  
(The "Closed - Date" is the date that all material was removed from the site)

### Annual Material Received

Tons on site at beginning of reporting period: \_\_\_\_\_

Tons received in reporting period: \_\_\_\_\_

Tons removed for site during period: \_\_\_\_\_

Tons on site at end of reporting period: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

**Print name:** \_\_\_\_\_ **Title:** \_\_\_\_\_